



575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

## Laboratory Results

Results for the samples and analytes requested  
The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

### Sample Information:

Type: Drinking Water

Origin: Distribution

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 08/07/2019 08:45 AM Point HB3

Received : 08/07/2019 04:30 PM Location U.S.C.G.

Collected By CLIENT Foster Ave.

Lab No. : 70100319001

Client Sample ID.: HB3

#### Analytical Method:EPA 300.1

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Chlorate	56.1		5	ug/L		08/12/2019 11:00	001 AG4E1/1

#### Analytical Method:EPA 524.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Bromodichloromethane	<0.50		1	ug/L		08/09/2019 2:27 PM	001 VG9C1/2
Bromoform	<0.50		1	ug/L		08/09/2019 2:27 PM	001 VG9C1/2
Chloroform	1.2		1	ug/L		08/09/2019 2:27 PM	001 VG9C1/2
Dibromochloromethane	<0.50		1	ug/L		08/09/2019 2:27 PM	001 VG9C1/2
Total Trihalomethanes (Calc.)	1.2		1	ug/L	80	08/09/2019 2:27 PM	001 VG9C1/2
Surr: 1,2-Dichlorobenzene-d4 (S)	91%		1	%REC		08/09/2019 2:27 PM	001 VG9C1/2
Surr: 4-Bromofluorobenzene (S)	97%		1	%REC		08/09/2019 2:27 PM	001 VG9C1/2

#### Analytical Method:EPA 552.2

#### Prep Method: EPA 552.2

Prep Date: 08/09/2019 9:46 AM

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Dibromoacetic Acid	<1.0		1	ug/L		08/11/2019 3:00 AM	001 AG341/1
Dichloroacetic Acid	<1.0		1	ug/L		08/11/2019 3:00 AM	001 AG341/1
Haloacetic Acids (Total)	<2.0		1	ug/L	60	08/11/2019 3:00 AM	001 AG341/1
Monobromoacetic Acid	<1.0		1	ug/L		08/11/2019 3:00 AM	001 AG341/1
Monochloroacetic Acid	<2.0		1	ug/L		08/11/2019 3:00 AM	001 AG341/1
Trichloroacetic Acid	<1.0		1	ug/L		08/11/2019 3:00 AM	001 AG341/1
Surr: 2,3-Dibromopropanoic Acid (S)	80%		1	%REC		08/11/2019 3:00 AM	001 AG341/1

#### Analytical Method:Field Method

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Field Chlorine, Free	0.79	N3	1	mg/L		08/07/2019 8:45 AM	001 AG341/1

#### Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range

U - Indicates the compound was analyzed for, but not detected

See qualifiers page for additional qualifier definitions.

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

*Stu Murrell*

Stu Murrell

Test results meet the requirements of NELAC unless otherwise noted.

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### Sample Information:

Type: Drinking Water

Origin: Distribution

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 08/07/2019 10:30 AM Point HB8

Received : 08/07/2019 04:30 PM Location B. McCormack

Collected By CLIENT Bittersweet Ave.

Lab No. : 70100319002

Client Sample ID.: HB8

#### Analytical Method:EPA 300.1

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Chlorate	67.2		5	ug/L		08/12/2019 11:43	002 AG4E1/1

#### Analytical Method:EPA 524.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Bromodichloromethane	<0.50		1	ug/L		08/10/2019 12:39	002 VG9C1/2
Bromoform	<0.50		1	ug/L		08/10/2019 12:39	002 VG9C1/2
Chloroform	1.1		1	ug/L		08/10/2019 12:39	002 VG9C1/2
Dibromochloromethane	<0.50		1	ug/L		08/10/2019 12:39	002 VG9C1/2
Total Trihalomethanes (Calc.)	1.1		1	ug/L	80	08/10/2019 12:39	002 VG9C1/2
Surr: 1,2-Dichlorobenzene-d4 (S)	87%		1	%REC		08/10/2019 12:39	002 VG9C1/2
Surr: 4-Bromofluorobenzene (S)	95%		1	%REC		08/10/2019 12:39	002 VG9C1/2

#### Analytical Method:EPA 552.2

#### Prep Method: EPA 552.2

Prep Date: 08/09/2019 9:46 AM

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Dibromoacetic Acid	<1.0		1	ug/L		08/11/2019 3:25 AM	002 AG341/1
Dichloroacetic Acid	<1.0		1	ug/L		08/11/2019 3:25 AM	002 AG341/1
Haloacetic Acids (Total)	<2.0		1	ug/L	60	08/11/2019 3:25 AM	002 AG341/1
Monobromoacetic Acid	<1.0		1	ug/L		08/11/2019 3:25 AM	002 AG341/1
Monochloroacetic Acid	<2.0		1	ug/L		08/11/2019 3:25 AM	002 AG341/1
Trichloroacetic Acid	<1.0		1	ug/L		08/11/2019 3:25 AM	002 AG341/1
Surr: 2,3-Dibromopropanoic Acid (S)	83%		1	%REC		08/11/2019 3:25 AM	002 AG341/1

#### Analytical Method:Field Method

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Field Chlorine, Free	0.67	N3	1	mg/L		08/07/2019 10:30	002 AG341/1

#### Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range

U - Indicates the compound was analyzed for, but not detected

See qualifiers page for additional qualifier definitions.

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

*Stu Murrell*

Stu Murrell

Test results meet the requirements of NELAC unless otherwise noted.

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**WorkOrder :**

70100319

## Laboratory Certifications

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**Ormond Beach Certification IDs**

8 East Tower Circle, Ormond Beach, FL 32174  
Alaska DEC- CS/UST/LUST  
Alabama Certification #: 41320  
Arizona Certification# AZ0819  
Colorado Certification: FL NELAC Reciprocity  
Connecticut Certification #: PH-0216  
Delaware Certification: FL NELAC Reciprocity  
Florida Certification #: E83079  
Georgia Certification #: 955  
Guam Certification: FL NELAC Reciprocity  
Hawaii Certification: FL NELAC Reciprocity  
Illinois Certification #: 200068  
Indiana Certification: FL NELAC Reciprocity  
Kansas Certification #: E-10383  
Kentucky Certification #: 90050  
Louisiana Certification #: FL NELAC Reciprocity  
Louisiana Environmental Certificate #: 05007  
Maryland Certification: #346  
Michigan Certification #: 9911  
Mississippi Certification: FL NELAC Reciprocity  
Missouri Certification #: 236  
Montana Certification #: Cert 0074  
Nebraska Certification: NE-OS-28-14  
New Hampshire Certification #: 2958  
New Jersey Certification #: FL022  
New York Certification #: 11608  
North Carolina Environmental Certificate #: 667  
North Carolina Certification #: 12710  
North Dakota Certification #: R-216  
Oklahoma Certification #: D9947  
Pennsylvania Certification #: 68-00547  
Puerto Rico Certification #: FL01264  
South Carolina Certification: #96042001  
Tennessee Certification #: TN02974  
Texas Certification: FL NELAC Reciprocity  
US Virgin Islands Certification: FL NELAC Reciprocity  
Virginia Environmental Certification #: 460165  
West Virginia Certification #: 9962C  
Wisconsin Certification #: 399079670  
Wyoming (EPA Region 8): FL NELAC Reciprocity

**Long Island Certification IDs**

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**WorkOrder :**

70100319

## Laboratory Certifications

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**Long Island Certification IDs**

New York Certification #: 10478 Primary Accrediting Body  
New Jersey Certification #: NY158  
Pennsylvania Certification #: 68-00350  
Connecticut Certification #: PH-0435  
Maryland Certification #: 208  
Rhode Island Certification #: LAO00340  
Massachusetts Certification #: M-NY026  
New Hampshire Certification #: 2987



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**Qualifiers**

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N3 - Accreditation is not offered by the relevant laboratory accrediting body for this parameter.

WO#: 70100319



575 Broad Hollow Road  
Melville, New York 11747  
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Fax: (631) 420-8436

## Disinfection Byproduct Sampling (DBP)

PWS Name:

HAMPTON BAYS WATER DISTRICT  
P.O. BOX 1013  
HAMPTON BAYS, NEW YORK 11946  
(631) 728-0179

### Directions:

Per location collect:  
1- 250 ml glass (NH<sub>4</sub>Cl)  
2 - 40 ml vials with sodium thiosulfate (Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub>)  
Record residual chlorine  
Cool sample to return to lab

Date / Time Collected	Sample Location	Sample Address	Sample # (NCHD)	HAAs 250 ml glass (NH <sub>4</sub> Cl)	THMs 40 ml vial (Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> )	Residual Chlorine
8-7-19 <sup>145</sup>	#3, USCG	FOSTER AVE	#3	1	2	.79
8-7-19 <sup>630</sup>	#8 McCormick	Bittersweet AVE	#8	1	2	.67

Collected By: G. VALENTINO

Relinquished By:

Print: G. VALENTINO

Signature:

Date/Time:

Received By:

Name:

Date / Time:

Cooler Temperature:

8-7-19

cd Pomeroy Jr.  
8/7/19

See Vial Labels  
8/7/19 16:30

cd Pomeroy Jr.  
8/7/19 1330



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# Sample Request Form PUBLIC WATER SUPPLIER

☒ WELL OFF LINE

Date:

8-7-19

Collected By:

G. VALENTINO

Accepted By:

*[Signature]*

Cooler Temp:

3.1 °C

☐ YES ☐ NO VOC'S PRESERVED WITH HCl

Back Ht. 1630

## Client Info:

Name or Code:

Address:

Phone #:

Attn:

Proj. # or (Name):

Bill To:

Copies To:

Sample Types	Purpose	Origin	Treatment Types
PW - Potable Water	RO - Routine	D - Distribution	AST - Air Stripper
GW - Groundwater	RE - Resample	RW - Raw Well	GAC - Granular Activated Charcoal
SW - Surface Water	S - Special	TW - Treated Well	N - Nitrate Removal Plant
WW - Waste Water		T - Tank	FE - Iron Removal Plant
AQ - Aqueous		MW - Monitoring Well	O - Other
S - Soil		I - Influent	
		E - Effluent	

## Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl <sub>2</sub>	pH/Temp	Analysis	Lab No.
8-7-19 1200	PW	#27	D	-	RO	.69	7.28	BACT w/c	
8-7-19 830	PW	#2	D	-	RO	1.09	7.12	BACT w/c	
8-7-19 845	PW	#3	D	-	RO	.79	7.07	BACT w/c, THM + HAAS CHLORSTE	001
8-7-19 900	PW	#4	D	-	RO	.41	7.18	BACT w/c	
8-7-19 915	PW	#5	D	-	RO	.77	7.15	BACT w/c	
8-7-19 945	PW	#6	D	-	RO	1.08	7.11	BACT w/c	
8-7-19 1015	PW	#7	D	-	RO	.98	7.29	BACT w/c	
8-7-19 1030	PW	#8	D	-	RO	.67	7.28	BACT w/c, THM + HAAS CHLORSTE	002
8-7-19 815	PW	#9	D	-	RO	.47	7.21	BACT w/c	
8-7-19 1045	PW	#10	D	-	RO	.47	7.26	BACT w/c	
8-7-19 1100	PW	#11	D	-	RO	.83	7.17	BACT w/c	

Remarks:



## Sample Condition Upon Receipt

Client Name:

HBW

WO#: 70100319

PM: SWM Due Date: 08/19/19

CLIENT: HBW

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☒ Pace ☐ Other

Tracking #:

Custody Seal on Cooler/Box Present: ☒ Yes ☐ No Seals intact: ☒ Yes ☐ NoTemperature Blank Present: ☐ Yes ☒ NoPacking Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ OtherType of Ice: ☒ Wet ☐ Blue ☐ None

Thermometer Used: TH091

Correction Factor: +0.2

☐ Samples on ice, cooling process has begun

Cooler Temperature (°C): 3.1

Cooler Temperature Corrected (°C): 3.3

Date/Time 5035A kits placed in freezer

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☐ N/A, water sample)

Date and Initials of person examining contents: Ed 8/7/19

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☒ NODid samples originate from a foreign source (internationally including Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

			COMMENTS:
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	5.
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	7.
Sufficient Volume: (Triple volume provided for MS/MSD)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Containers Intact:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	12.
-Includes date/time/ID/Analysis Matrix SL WT OIL			
All containers needing preservation have been checked	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13. <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #			Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , HCl, NaOH > 9 Sulfide, NAOH > 12 Cyanide) Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Initial when completed: Lot # of added preservative: Date/Time preservative added
Samples checked for dechlorination:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
KI starch test strips Lot #			
Residual chlorine strips Lot #			
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):			

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted:

Date/Time:

Comments/ Resolution: